

Moving Forward Together.



Mental Health Workstream Overview

What is the Mental Health Workstream

Mental health is described under Moving Forward Together as:

The range of services that combined cover the life-course of people with mental health issues, learning disability and alcohol and drugs services to provide prevention and early intervention to promote and support good mental health and recovery to support people to live independently

The Mental Health Workstream will work to deliver the 5 year strategy for adult mental health services that was developed in parallel and is consistent with the principles set out in moving forward together to provide more anticipatory care and shift the balance of care from hospital based services to the community.



What are our priorities

The Mental Health Workstream is going to initially focus on these areas to transform mental health across health and social care:

1

Implementation of the unscheduled care review develop as part of the Mental Health Strategy working in partnership with Emergency Departments, Primary Care Out of Hours and community alternatives to meet people's needs and support the wider system

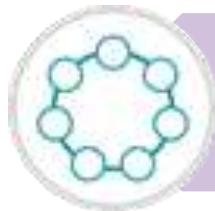
2

Align and redesign services in Primary Care Mental Health with a particular focus on responding to stress and distress as well as clinical conditions.

The 5 Year Adult Mental Health Strategy



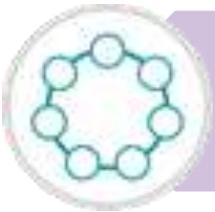
More Resilient Flourishing Communities, Healthier people and community & primary care responses and recovery focus



More formal links – public health, prevention & promotion with specialised statutory health and social care services (including ACEs)



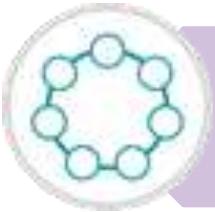
Increased technological eHealth solutions



More efficient Community Mental Health Teams & Specialist Teams



Increased Community alternatives



Quality Improvement & Outcome frameworks; investment & staffing - impact on inpatient bed use



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Mental health services want to move to a **'stepped or matched models of care'** working collaboratively with provider organisations, the independent sector and coproducing these with service users and carers to:

Shift the Balance of Care

Invest in alternative forms of community health and social care, including Greater Glasgow and Clyde wide availability of home treatment, **Reduce preventable lengths of inpatient stay and inpatient beds and their use.**

Deliver increased Specialisation and Matched Care

This will see **enhanced capacity** in community and primary care mental health responses and **extend the role of specialist teams and a single Board-wide system to provide unscheduled care.**

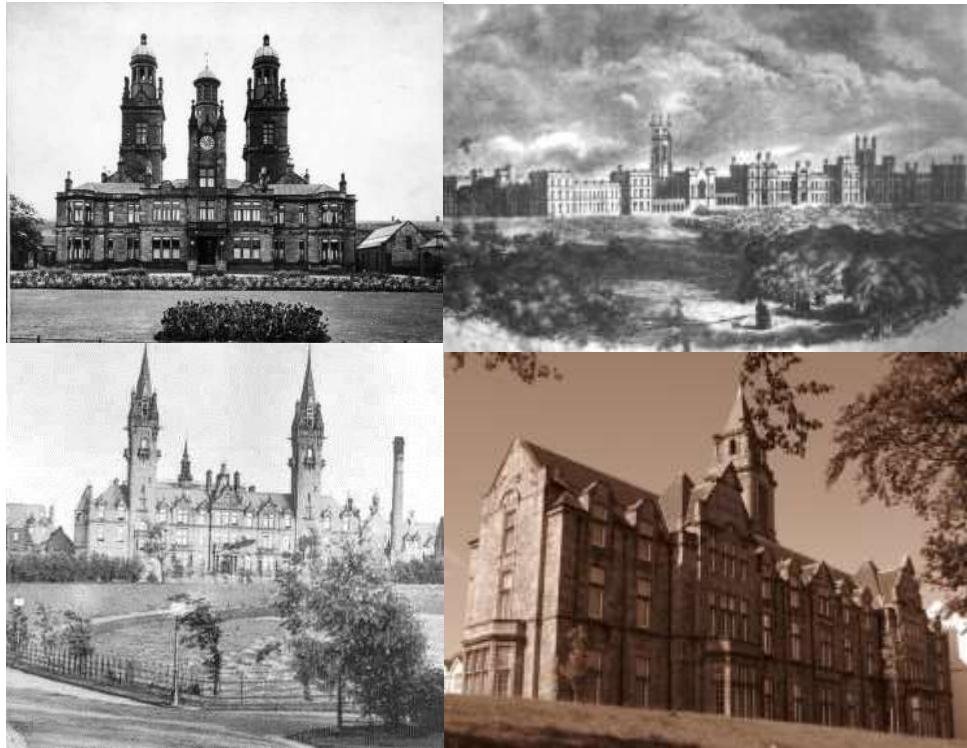
Transform Services

Shift resources and tasks to **recovery-orientated care options** and implement new models of care with borderline personality disorder and bipolar disorder

Focus on Prevention

Work to **prevent and reduce the adverse childhood experiences** that contribute to mental ill health later in life, and the stigma of mental health issues

1978



4,370 Glasgow
inpatient beds

Consultant- led
outpatient
clinics

Over-reliance on use of inpatient beds, limited community services and clinical model of hospital focussed care

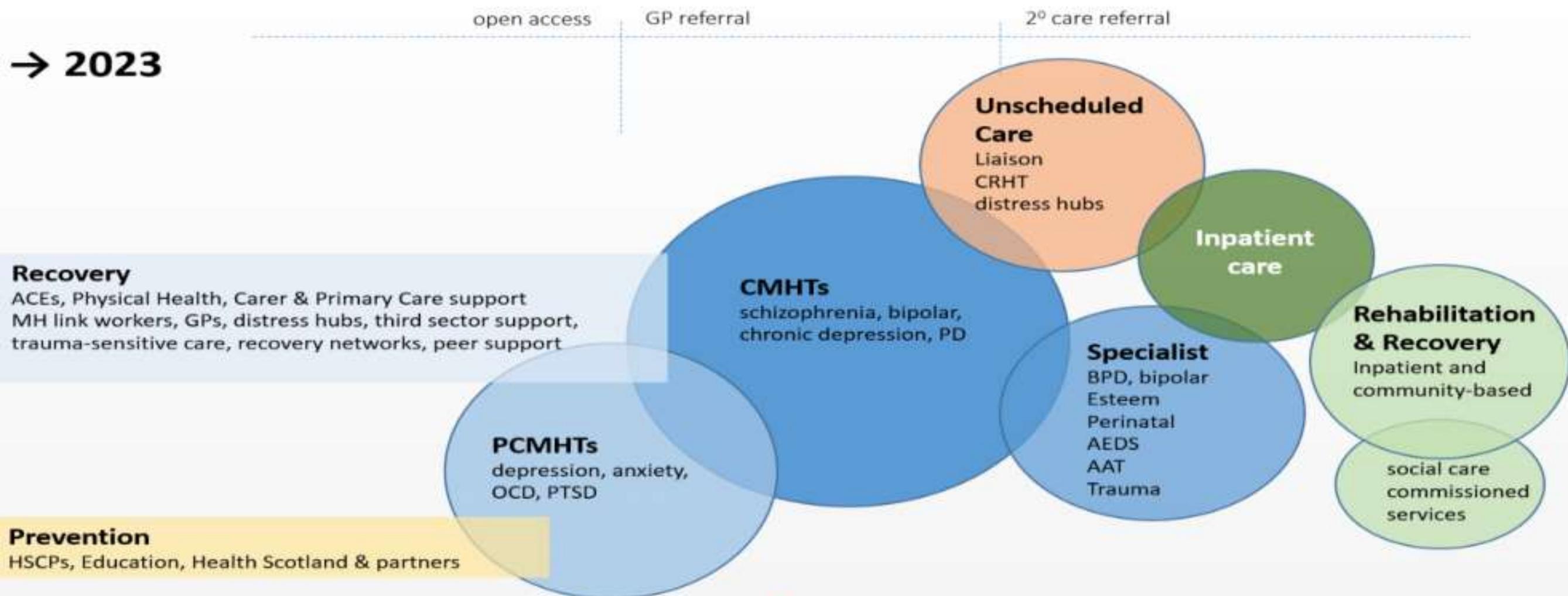


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A Move Toward Recovery Orientated Models of Care

On-going development of care model – increased focus on community based responses, increased “recovery focus” In mental health, recovery may not always refer to the process of complete recovery from a mental health problem in the way that we might recover from a physical health problem.

Recovery can mean different things to different people, however for many, recovery is about the realisation of goals, and the development of relationships and skills that support a positive life, with or without ongoing mental health problems.



What we are developing over the next year



Computerised Cognitive Behavioural Therapy



Unscheduled Care Developments – alternative distress response



Peer Workers development



Borderline Personality Disorder - Specialist Community Development



Pathways from Adult Mental Health Beds



Review impact on inpatient use and sites



Example: Unscheduled Care Services

1. Psychiatry Liaison services to Acute hospitals

- Provide a single Adult Mental Health Liaison service across GGC
- Designated teams, 1h response time

2. Crisis Resolution and Home Treatment

- Board-wide access to crisis resolution and home treatment teams as an alternative to hospital admission
- Extended hours, home-based care visits up to 3 times per day

3. Out of Hours

- A single point of access outside normal working hours. A senior clinician will be available to offer telephone advice to referrers, and to coordinate responses from Community Mental Health Teams and Crisis Resolution & Home Treatment Teams (CRHTs) as needed.

4. Innovation

- Alternative “distress response” using non-clinical resource ensure access to effective resources to support mental health

On-Going Third Sector Views and Feedback

Third Sector responses to:

- Improving people's experience of mental health and care services.
- Improving the personal outcomes that services and other community assets achieve
 - Wider recovery model development
 - Prevention options
 - Alternatives in primary care
 - Distress alternatives
 - Identifying processes and criteria to engage people who access services, their carers & communities on the impact of recovery & community development on bed use and sites

Tell us what you think

What are your thoughts about the two priority areas that we have initially chosen to transform Mental Health?

What areas do you think we need to focus on to transform Mental Health services in the future?

What do you think about our shift to provide more care in the community setting and less inpatient hospital care?

Any other feedback or comments

